APPLICATION FOR MEDICAL STUDENT SUMMER FELLOWSHIP, 2026

Name of Student _____ Grad Year _____

Permanent Address _____

_____

Geisel ID # _____ Date of birth _____

U.S. Citizen? Yes ____ No ____ If No, Eligible for Federal Aid: Yes _____ No_____

FAFSA COMPLETE Date: _____

Mentor/preceptor **name and department** for project (please print legibly):

_____

Dates of project: from: _____ to: _____

What will your role be in the project? (in one sentence):

I understand that as a condition of receiving support, I will be required to work with a Geisel faculty member for a minimum of 200 hours and will submit a poster at the fall Poster Presentation event.

Signed _____ Date _____
Applicant's Signature

For the Faculty Preceptor:

Please attach a one-paragraph description of the project/work and the student's role in the project.

*Your signature below indicates that you agree to supervise this student for the time specified. You also agree to supervise the student in the preparation of a poster to be presented as the final project required in exchange for funding.

Signed _____ Date _____
*Preceptor's Signature

Comments:

Return completed form to the Financial Aid Office by April 17.